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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CASES OF NON-PROFESSIONAL MALPRACTICE.

By RALPH S. GOODWIN, M. D.

Of Thomaston, Ct.

The following cases occurring under my observations, and similar, no doubt, to many others which your readers could recall, show how silly people will often trifle with their lives by taking remedies recommended to them as sure and speedy cures by their kind and officious neighbors. Indeed, there is a class of people in every neighborhood who always know of a ready relief for every ailment, and delight in imparting their valuable knowledge to their suffering friends, with the most flattering testimonials, as to wonderful cures performed in cases where the doctors had failed.

CASE I.—DEATH FROM SWALLOWING SHOT.

Miss Mary C., *æt.* 18, was seized in the night of March 10, 1869, with what the messenger who summoned me styled a "horrid fit." On my arrival at her bedside I found her suffering from a series of epileptiform convulsions most distressing to behold. Her mouth was covered with foam; the tongue mangled and bloody; the face livid and swollen; the eyes rolled up, glassy and staring; while the limbs were jerked about with the most frightful convulsive energy. In spite of all my most faithful efforts to relieve her from this pitiable condition, she sank soon into a profound coma from which nothing could rouse her, and died in a few hours.

Upon inquiry into her previous history, I learned from her friends that she had always been in good health, so far as they knew, up to the moment of this attack; that she had

never been subject to convulsions; that she had been afflicted for a few weeks previous to her death with a succession of *boils*, for which she had been advised by some kind friend to *take shot*; that in pursuance of this advice she had swallowed two or three times daily a teaspoonful of number seven bird shot. To this absurd practice, in the absence of proof of any disease, I attributed her sudden death. Unfortunately, I could not obtain any autopsy. An examination of the urine gave no evidence of renal disease. So far as could be ascertained, she had persevered in taking shot for several weeks, which was undoubtedly the cause of her sudden death.

CASE II.—POISONING FROM EATING NUTMEGS.

Miss S., *æt.* 16, came home from the mill in which she was an operative, September 5, 1870, complaining of feeling ill. She lay down and immediately passed into an insensible condition. Being summoned presently, I found her breathing slowly and with some difficulty. She could not be aroused from this lethargic state, but lay with her eyes partly open and pupils moderately contracted. Her pulse was beating fifty per minute. I could learn nothing of her previous history, except that she had been usually quite well. Suspecting opium poisoning, I used remedies applicable in such a case. After a few hours, I was gratified to notice some improvement in my patient, and on the next day she had recovered so far as to be able to tell me the cause of her sickness. She stated that she had been advised to eat nutmegs for the improvement of her complexion, and that having tried the experiment on a moderate scale—one a day—for some time, without any appreciable result, she was led to believe that a larger dose might prove more effectual. She had eaten *four large nutmegs* within a few hours pre-

vicious to her sickness. I am tempted here to conjecture that my success in the treatment of this case would not have been quite so good had my patient lived in any other State than Connecticut, where nutmegs are said to be more plenty than genuine.

CASE III.—ENTERITIS CAUSED BY TAKING
IRON FILINGS.

I was called January 3d, 1870, to see Mrs. W., who was suffering from a violent attack of enteritis. She stated that having for some time previously felt the need of *something bracing*, she had been advised to procure some iron filings, and put them in a quart of hard cider, and take a tablespoonful three times a day. She had, in accordance with this advice, procured about half a pound of coarsely turned iron chips, mixed with iron filings, and having soaked them for a few days in a quart of cider, she began the use of the remedy as directed, faithfully shaking the bottle before dealing out for herself the dose. She had pursued this treatment only three days when my services were required, as above stated. Her attack was a very severe one, requiring many days for recovery, and in the absence of other exciting causes was directly attributable to the ingestion of considerable quantities of iron chips and filings, as above described. The fact that my patient's kind and neighborly advisor had, on a previous occasion, escaped after a similar test of her own digestive apparatus, was not to my mind sufficient proof of the want of connection in this case between the cause and the effect.

CASE IV.—AN INFANT POISONED BY THE USE
OF A BELLADONNA PLASTER ON THE
MOTHER'S BREAST.

This case, which I shall mention last, is still more aggravating, from the fact that the advice of a meddling old woman was followed in preference to that of the regular medical attendant.

In September, 1868, I was in attendance upon a married lady, Mrs. B., who had a fortnight previously given birth to a fine, healthy-looking male child. The mother being of a scrofulous diathesis, was now suffering from a swollen and painful mammary gland. I had given my opinion that suppuration was imminent and unavoidable. To promote this result I had prescribed warm fomentations and poultices, and the case was progressing as favorably as one of such an annoying nature can. At this time a kind neighbor stepped

in, and by her advice a *plaster* was substituted for the poultice. This plaster was recommended very highly as a sure cure for broken breasts. So great was its reputed prophylactic power, that no breast to which it had ever been applied, *in time*, had ever been known to break. Several cases were recited in which its wonderful efficacy had been proven beyond all doubt. The plaster was pierced in its centre for the nipple, which the child was made to suck in order to keep the milk out. The child died suddenly in the night without apparent cause, about 24 hours after the plaster was first applied.

The following facts, which I noticed on being summoned the next morning, satisfied me that the child had been poisoned by the plaster. The pupils of the mother's eyes were dilated to their fullest extent, and did not contract notably when exposed to the stimulus of a strong light. She also complained of troublesome head symptoms. The plaster emitted a strong odor of belladonna, and it was found on inquiry to be chiefly composed of the extract of that drug, and stramonium. The child had been apparently well the day before, and had been very quiet all night. The mother becoming alarmed at its quiet demeanor, tried to rouse it, and found it dead. Whether it had swallowed some of the poison which might have been carelessly smeared on the nipple by the nurse, or had imbibed it through the mother's milk, which might have been poisoned by absorption through the skin, was a matter not easy to decide.

It may be interesting to know that the abscess formed in the lady's breast, as I had anticipated, pointed and broke in spite of the plaster. But this was because it had been applied *a little too late*, I suppose.

These cases and many others that any practitioner might recall from his experience, prove the folly of heeding the gratuitous advice which a particular class of people are fond of giving to their friends and neighbors. These people may be very good citizens, but in a sick room they are poor rubbish, and should be kept out as a sanitary measure.

WOMEN AS MEDICAL STUDENTS IN
THE MEDICAL DEPARTMENT OF
THE STATE UNIVERSITY
OF IOWA.

By J. P. FARNSWORTH,
Of Clinton, Iowa.

I have long been of the opinion that the

questions of "Women as Physicians," and of "Women as Medical Students," might be left to settle themselves, and that, too, in a very easy manner for medical education more easily than for medical practice. Let the standard of qualification where it should be, and let the examination be what is required, and then admit all who come up to it, and pass all who are worthy. If women wish to take the course with the young men, exclude all that would be improper before young gentlemen, in classical departments, and in no respect, either vary or omit any theory from the proper course, or from the regular consideration of all subjects that belong to them.

The difficulties of such a line of proceeding, of having mixed classes, are in the imagination of the elder physicians, or in some objectionable habits that they have acquired, and do not exist in fact. When the women graduate and go into the world, they must accept the "wager of battle," where brains, and pluck, and endurance win; more especially where brains ought to win; and the world needs them too much to refuse them on account of distinction of sex.

The Medical Department of the State University of Iowa was opened last fall, and by law opened to students of both sex. All the other departments of the University are open to women, and the classical and scientific departments have a large number of women among them. They have passed up from the district and graded school, in mixed classes, to the University, and there is no novelty in the situation; so there was nothing very strange in a class of young men and young women going to the medical department.

The medical faculty were mostly new men, and the sight of eight ladies in a class of thirty-eight was more of a novelty to them, and with their early education and prejudices they were predisposed to look unfavorably on the prospect. The matter was considered, and it was decided to accept the situation; to be gentlemanly, and to enforce gentlemanly and civil conduct on the part of the students, and to make no variation in word or look, no matter what the subject was, or the occasion. The course went on.

Anatomy, surgery and physiology, and the other branches, came on in their regular order. Science is above vulgarity or prudishness. The women were ladies of refinement and cultivation as much as any in the State; the

young men behaved with the same decorum that young gentlemen should in any school, and in a little time the professors had overcome the temptation to get off coarse jokes, or by word or look to intimate anything that was not warranted by science.

The benefit was mutual: the boys behaved themselves better than medical students generally do, both in and out of the lecture room; the professors were more earnest and decorous than many medical professors are, and the women were earnest and self-reliant without losing or compromising any womanly modesty or delicacy. Some discrimination was used in clinics, and visitors were, to a certain extent, excluded.

The dissecting rooms were separated by a hall, and were under the charge of a careful janitor and demonstrator. Work had progressed but little ways before the women petitioned to occupy the common room, as it was pleasanter, and more instruction could be given. A little later, having an extra subject, for which there was no class, one was formed of three young men and two women. The dissecting room was the most quiet and orderly one ever seen.

We may add that the women were generally as good students as any in the class, and could have passed as good an examination at the end of the term as any in the class. In one or two instances the physical force was not sufficient to do all the work required, and here, in this plan, is where the failure comes, and is one of the results that must often follow.

The noticeable difference in regard to the medical department over other medical schools was the better behavior of the boys, and absence of rowdiness and boorishness, that is considered almost a necessary accompaniment of a collection of medical students.

One experiment does not prove a rule, but this has been so satisfactory that we have every reason to expect it to be successful in the future.

The objections to mixed medical classes are inherent in the customs and habits of old schools, rather than in the question itself. The traditional rudeness and clownishness of medical men in their pupillage, which is handed down to them, and the coarse language and smutty stories of many of our best teachers, are subjects that could be reformed with much benefit to the profession, but are difficult to

reform in old institutions, but need not come into a new institution, and does more to settle the question than any other argument.

Whether women have the physical or mental power to study medicine and practice it by the side of men, is a question that they must work out; but that there is any objection to their having a fair open field to try it in, or that it will injure the profession or the sex, I do not for a moment believe.

We expect a large class of students of both sexes next fall. We also expect that a larger proportion of the women will fail physically and mentally than of the men. We expect better attention and better behavior than is usual in medical schools, and that there will be no reduction in the standard of requirements, but rather an elevation of them, and an elevation of the morals of the students, and that the vexed question is very easily and satisfactorily settled.

CASE OF INTUSSUSCEPTION.

By WILLIAM FAULKNER, M. D.,

Of Waterford, Pa.

In the summer of 1845 I was called into the country to visit a child seven months old. The mother said that it had been a healthy child, and about four hours before she had been playing with it, tossing it up and down in her arms, when it suddenly began crying, and within an hour its bowels moved very freely. After a short time it vomited—pain in the meantime quite severe—and before I had reached it had had two or three small discharges of mucus and blood. I found it fretful; pulse somewhat accelerated; skin hot and dry; bowels seemed to be tender, but not swollen; could not discover any hardness, and thought it must be a case of simple gastro-intestinal irritation, and prescribed accordingly, with the promise to see it again next morning, and was not a little surprised upon reaching my little patient to find it in “*extremis*.” It was evident I had been mistaken in my diagnosis. A *post-mortem* revealed it a case of invagination, about eighteen inches of the ilium was forced into a space of four or five inches.

In January of 1847 I was called to see a Mr. S., *æt.* 38; farmer; in care of Dr. P., a competent physician, who gave me the following facts: Nine days before, while walking

over rough, frozen ground, he suddenly felt a severe pain near the naval on the left side. He soon sickened at the stomach and vomited, and very soon followed five evacuations from the bowels, the first two of which were fecal; the others were mucus and blood; pain continued, severe; vomited at irregular intervals; pulse became frequent, and bowels tender upon pressure. The doctor had remained with him almost constantly, combating symptoms of inflammation, and trying to move his bowels by every means in his power (as he expressed it), and had failed. The vomiting had been troublesome throughout the nine days, and had, the day before my visit, become stereoraceous; his active symptoms had abated; there was less pain and tenderness, but great exhaustion. Believing the case to be one of intussusception, I suggested to place the patient upon an incline plane, head down, and fill the lower bowels to distension with warm water. This was put into practice, and as the water was carefully pumped into the bowels he complained bitterly of pain at the seat of obstruction, and when nearly four quarts had been used, he gave an exclamation and called, urgently, for the vessel; said he felt it give way. When placed over a vessel his bowels moved copiously beyond anything I had ever witnessed; he became very faint, and it was only by change of position and the most assiduous use of restoratives that he revived. His bowels proved to have been very much injured, and it was a year before he fully recovered.

In June, 1851, I was requested to see a little girl five or six years of age, under the care of Dr. E., of Meadville, Pa., who was an experienced and competent physician. The child had been taken suddenly ill five days previous to my visit, and to describe her symptoms would be to repeat the above descriptions. The same treatment was advised and acceded to, and it was with the greatest difficulty that we successfully resisted her efforts to force the water back past the instrument; and we made, at short intervals of rest, three attempts before the obstruction gave way; her bowels then moved very freely, and she made a fair recovery.

I think that the symptoms, as well as the results of treatment, indicate these cases to have been cases of invagination from above downward; and were I to have another case of the kind, I would, before using the water,

give a full hypodermic injection of morphine, upon the same principal that I use it in strangulated hernia, or in luxations of difficult reduction.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. HAYES AGNEW, M. D.

February 8, 1871.

[REPORTED BY DR. F. WILLARD, M. D.]

Bursal Tumor of Hand.

GENTLEMEN: The first case this morning is one which was operated upon last fall, but now comes back with a return of the difficulty, due to an insufficiency of the inflammation to close the sac, since she was unwilling to have a seton introduced.

The tumor is situated on the back of the hand, directly over the tendon of the extensor communis digitorum, and is undoubtedly a *ganglion*, as it is called in surgical language.

It is the analogue of the affection which I have before described to you, the housemaid's knee, and like it, is filled with synovial fluid, fibrine, etc., and sometimes even contains those peculiar, loose, irregular-shaped, white bodies, concerning whose composition and mode of formation there have been various opinions. They are probably not organized bodies, but consist of pure, amorphous fibrine. I would refer you to a paper by LEBERT in the C. R. de la Soc. de Biologie, t. iv, p. 89, for further information in regard to these curious growths.

These synovial cysts evidently originate in subacute inflammation, the result either of continued irritation from pressure, blows, etc., or from excessive action of the tendons, as in those whose fingers are constantly in motion, in which latter case these bursæ appear to be the cystic transformations of the cells inclosed in the fringe-like processes of the synovial membranes of the sheaths, although the actual pathological condition is difficult to accurately determine, owing to paucity of afforded opportunities for study. They may be formed in somewhat the same manner as ROKITANSKY has shown in the cysts of the choroid plexus, which are formed in the villi appended to the margins of this plexus, the villi being of nearly the same constituent structures as the processes of the synovial fringe in the hand. In either case the contents of the abnormal cysts are similar to the fluids secreted by the fringes in their normal state.

The increased amount of serous effusion will necessarily form a soft, fluctuating tumor, until distension shall be so great as to stretch the sac, when it may become as hard as a fibroid tumor. GOSSELIN

has shown that these "ganglions" may be more than mere distension of the sheaths, being sometimes also formed by obstruction of the mouths of follicles, which normally open into the cavity of the joint, and might properly be called, in such cases, "subsynovial cysts."

Others (and truly I think) regard the condition as one of partial hernial ectasia of the sheath of the tendon, with dropsy, the sac-like protrusion on the side of the sheath being filled with an abnormal amount of the synovia, thickened so as to become of jelly-like consistency. VIRCHOW reckons these hypersecretions of serous sacs among the tumors. (Exudations—cysten.)

The size of these ganglions varies from that of a kernel of corn to that of a small egg, being usually easily diagnosed by their soft, elastic, movable character, and freedom from pain or discoloration of the skin. The fibrine-kernels can often be discovered by the friction sound which they occasion during the movements of the tendon, especially when they are in large numbers. They are sometimes in such quantities as to interfere with the evacuation of the sac, even after puncture.

You will so often meet with these ganglia, that their treatment becomes a matter of much importance, especially since improper means may result in long or even permanent stiffness of the hand. At first you may try local applications of ioduretted collodion, pressure, iodine, mercury, etc.; but an operation will probably become necessary for its cure. The most common mode is *rupture*, the contents escaping into the subcutaneous connective tissue, and being absorbed; but this is often ineffectual, since union of the ruptured sac soon occurs, and a reproduction of the difficulty ensues. This rupture may be produced by firm pressure of the thumb, or by the quick blow of a book (a Bible was formerly used) or of a broad-faced hammer, but severe contusion might occur from this method and the resulting inflammation be too violent.

A better method than this is *subcutaneous dissection* or *puncture* with a narrow tenotome, the fluid being allowed to escape into the surrounding tissues from several small openings in the sac; but my preference is decidedly in favor of another mode, which I will show you upon this patient. It consists in the evacuation of the sac upon the surface by means of a narrow bistoury, the jelly-like material being all thoroughly pressed out. A needle armed with a double ligature is then carried in at the opening and out at the opposite side of the tumor, thus leaving a seton in situ, which will be allowed to remain until it has excited a sufficient amount of inflammation to compel the closure of the cyst—probably 48 to 60 hours, although a little longer time may occasionally be required. This I consider very effectual, while at the same time it is safe, no

evil results ever having occurred in my hands from its employment, when the following directions have been strictly adhered to :

The arm is to be immediately placed upon an anterior splint, and a warm flaxseed poultice applied over the seat of the injury, which should be continued until the seton is removed, when a compress and bandage will be substituted. The splint is still to be continued, and upon this portion of the treatment I lay particular stress, since upon the perfect rest of the part for several weeks will depend the question of success or failure.

Excision of the sac is too dangerous. It is sometimes important to determine whether a bursal tumor communicates with the interior of a joint, and this can usually be done by applying continued pressure, when, if such is the case, it will slowly disappear, and return in the same slow manner after the pressure is removed.

A condition very similar to the one we have been describing, is that of chronic dropsy of the sheaths of the tendons, which is not limited, however, to any one particular hernial portion, but to the whole distended sheath. There is a considerable increase in the amount of synovia, and the swelling is usually situated around the tendons, upon the palm of the hand, while the fingers are flexed to such a degree that complete extension is difficult, thus interfering with the usefulness of the member. Pain is not necessarily present, and you will seldom be consulted until the disease has advanced for a considerable period.

The treatment for this condition is to let it alone until it gives serious inconvenience, since meddling surgery might provoke such extensive supuration of the sheath as to cause the death of the tendon. Should the lameness be so great as to demand interference, however, you may incise the sheath, or better, draw off the secretion with a trocar of sufficient size to permit the escape of the slippery fibrine kernels, and then endeavor to excite a certain degree of inflammation by the injection of an ounce of tincture of iodine and water, equal parts, the material to remain in the sac for only a few moments, when it should be allowed to escape through the canula. A splint and compress are then applied, and any excessive inflammation counteracted by the use of ice locally. Considerable swelling will necessarily follow from the collection of fluid, but this will soon decrease and may entirely pass away in two or three weeks, especially if iodine be applied to hasten the process, taking care that the wound be first closed with plaster.

GRUBER mentions "*ganglia of the joints*," which are corresponding hernial protrusions of the synovial membrane, and are usually associated with the hand, knee or elbow, the fibres of the capsule separating sufficiently to allow the escape of the mem-

brane. They may cause some stiffness of the articulation, but interference is dangerous, a rule that will also hold true with *lipoma arborescens*, (MULLER), which has also been seen in the tufts of the sheaths of the tendons.

Analogous to the last case is the one of

Housemaid's Knee.

which now presents itself.

This complaint is a dropsy of the subcutaneous mucous bursa—the bursa præ-patellaris—which really consists, according to LINHART, of several mucous bursæ, overlying one another, and either separate or connected with each other.

This disease is commonly accredited to the friction or pressure occasioned by the occupation of the patient, but that this is not always so is evidenced by the example before us, he being a man who is never obliged to assume the kneeling posture in his occupation, and is not aware of any irritation or injury which should have resulted in this difficulty. In fact, we can hardly attribute it to the pressure upon the patella at all, since the statement of a number of anatomists seem to show that even in the kneeling position the weight of the body comes upon the head of the tibia, and not upon the anterior surface of the patella, where this bursa is situated.

This sac does not communicate with the knee-joint, and in the chronic form such as the one before us, there is seldom but little pain, and you will find many of them of long standing. Their contents are thick and gelatinous in chronic cases, but less so than those of the tendon sheaths, while in acute cases the fluid partakes still more of the serous character. Small fibrinous bodies may exist.

The treatment of the acute form, where there is redness and pain, will be rest, leeches, iodine, mercurial plaster, etc., followed by compression, and perhaps by blisters; but blisters will be of but little use when the chronic stage is reached. This man complains of pain, and weakness in the knee after exertion, and he wishes to be permanently cured. I shall therefore perform the operation, which is free from danger, provided the patient is confined to his bed for three or four days, until inflammatory swelling shall have subsided.

I shall first puncture the sac, allowing free escape of all the contents, and then throw in about two drachms of the *undiluted* tincture of iodine, which will be allowed to remain, and will be as certain of producing a cure as it is in hydrocele. A compress should be worn for a long time. I have never seen evil result from its employment, when the bed has been kept, and believe it to be far preferable to splitting up the sac, which is sometimes done when it is thick, or to the introduction of a seton, or to the using of dilute solutions.

VOLKMANN recommends that pressure be made more effectual by the employment of a well moulded

posterior splint, thus giving a good basis for compression, in which case the hygroma may disappear in a very few days.

[Operation performed.—Dr F. W.]

Undescended Testicle.

Here is a man, *æt.* 29 years, who complains of having but one testicle, and truly there is but one in the scrotum, yet, when I place my hand upon a small lump which I detect in the course of his right inguinal canal, I find that it gives him a peculiar sickening feeling, precisely like that occasioned by handling the normal testicle.

This is evidently an undescended testicle remaining here at this late period of life, when it should have descended to the scrotum during the later months of gestation.

Such a tumor is liable to be mistaken for a hernia; but this pain, to which I have alluded, as well as the solidity, will assist in its diagnosis. I also ask him to cough, and I find that this man really has a coexisting hernia also, which is not an uncommon complication. A hernia occurring in this condition sometimes makes its way outwardly and forms a bubunoele.

This tumor does not give the man any serious inconvenience, yet in all these cases the mind of the patient needs treatment, and something must always be done to relieve his anxiety, if possible, especially as it is possible that its function may not be as properly performed as it would be in its normal position.

A delayed testicle like this often works its way down into the scrotum, about the age of puberty, but in a certain number of cases it remains in the abdominal cavity, or in the canal, through life.

In rare cases a testicle has been found appearing in the perineum, or even emerging at the femoral ring.

For the relief of this difficulty some three methods are approved: One consists in daily traction upon the cord, or the immediate forcible pulling it down while the patient is thoroughly relaxed by ether; another, the division of the cremaster muscle; and, thirdly, one which will be peculiarly appropriate in this case—the wearing a truss, with a small accurately fitting pad, which shall be placed over the canal, above the testicle, and constantly being moved, will exert an influence upon it from behind, until it is out of the canal, when a strong effort only may be needed to bring it to position.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. E. D. Gross.

April 4, 1871.

[REPORTED BY RALPH M. TOWNSEND, M. D., CLINICAL RECORDER.]

GENTLEMEN: To-day commences my initial clinic of the spring session, and I shall hope to receive from

you that attention which I believe has never yet been withheld from me in this amphitheatre.

Giant Cell Sarcoma.

This lad, J. B., *æt.* 15 years, is from Chester, Pa. and was here in October last. He had at that time a tumor of ovoidal figure and regular outline occupying the lower jaw, and extending from the canine tooth of the right side to the first molar of the left. He had lost several teeth over the tumor, and the remaining ones were loose. The tumor was of three years duration; it was devoid of pain except a slight aching, and its growth was slow until within a few weeks of his first appearing at the clinic.

At that date I was strongly tempted to remove a portion of the jaw, but finally contented myself with opening and scraping the cyst. The tumor proved to be partly fluid, and partly occupied by a solid substance having the appearance of a clot of blood, much similar to that which forms in an aneurismal sack after ligation of the artery. The operation was attended by profuse hemorrhage; but it was promptly controlled by plugging the cavity with cotton, wet with Monsel's solution. The solid portion of this tumor, when examined under the microscope, was found to abound in giant cells. This made the mass look suspicious. To-day, however, shows no sign of the return of the growth. The boy looks well and suffers no pain. I am inclined to doubt its malignancy. Time will prove all things, however and whether for better or worse, I shall take occasion to again bring this boy before you in a few months.

Mucous Tubercles of the Mouth and Condylomata.

You will see on this young man, around the verge of the anus, condylomatous excrescences. He is 18 years of age, and from his statements would appear to be a good boy, as he says he never runs around and has never had any disease contracted from women. When I look at this patient's mouth, however, I discover mucous tubercles upon his lips. The coincidence of these tubercles with the condylomatous excrescences, is sufficient evidence of constitutional syphilis; but whether congenital or acquired, with the light before me I cannot at present determine. If this boy were smoking a pipe, and, without wiping the stem, should hand it to his friend, the latter might be inoculated; especially so if he had a crack or fissure upon his lips. Bear in mind, then, that the secretion from these mucous tubercles will inoculate and produce a chancre.

Treatment.—Internally this patient will take eight grains of the iodide of potassium and one-tenth of a grain of the corrosive or bichloride of mercury, three times in the twenty-four hours. We will not apply any severe caustic to the condylomatous excrescences, as such procedure would be attended by severe pain. Powdered oxide of zinc, as a desai-

cant, is a good application, and its use will be ordered in this case. Keeping these growths separated by the interposition of some substance, such as lint, is of paramount importance. Their contact acts like a ferment, and increases their size. When very large we cut them off and cauterize their bases.

The mucous tubercles we will touch every other day with the nitrate of silver. This boy also wants good diet and proper clothing.

Syphilitic Ulcers.

This patient, *æt.* 18 years, has ulcers upon the back of her hand. She has suffered from them for two years. Interspersed among the ulcers you see numerous little vesicles. The latter have nothing in common with the main disorder, but result from continued poulticing. The patient suffered much pain in the hand, and it is augmented at night.

Wherever you get these multiple sores, vesicular or pustular, occurring in the extremities, and particularly if they are obstinate and resist treatment, you may put them down as specific.

This girl has been taking for three weeks, with benefit, three times daily, the following :

R. Potass iodid gr. viij.
Hydrarg. chlor. cor. gr. 1-10.
Pulv. iodide, gr. 1-10.] M.

We will continue this medicine. Locally these sores have been treated with dilute nitric acid, one part to five, every fourth day. This also will be persisted in

Old Ulcers.

I now bring before you a man and a woman, *æt.* respectively 63 and 54 years. Both these people have ulcers occupying nearly the same locality: namely, the outer side of the leg, just above the malleolus. Both ulcers are pear shaped and have abrupt edges. The ulcers are not deep, and the surrounding skin, especially in the woman, is greatly congested. Confining ourselves now to an examination of the ulcer on the leg of the woman, we find the granulations flattened and unhealthy; the discharge being of a thin sero-sanguineous character. There is pain in the part at night, which seriously interferes with sleep.

Many writers would call this a varicose ulcer. This is not a proper name, although the ulcer is associated with varicose veins, and the condition of the veins primarily were the cause of the ulcer.

We must, therefore, address ourselves to the cure of these enlarged veins. Radical treatment, such as the application of the Vienna paste, is severe, and would prevent the woman from going about her work for some weeks. This she cannot afford to do. The elastic stocking is expensive and probably beyond the reach of the patient's purse. Wearing it also often gives rise to great discomfort. The roller bandage is worse than useless unless systematically applied. Obviously, then, the only treat-

ment left for us here is to tightly encircle the limb just below the knee and then immerse the leg in warm water until the veins swell, when we will scarify them generously. We will allow this woman no meat and attend to her secretions.

The man's ulcer is not associated with varicose veins. The man, moreover, is *anæmic*. He wants building up. Constitutionally, then, while locally we deplete this ulcer by scarification and stimulate it to granulation by the use of emollient poultices. We will endeavor to nourish and strengthen our patient. He wants tonics, and sunshine, and fresh air, good diet, and but moderate exercise. Unfortunately what we order cannot always be carried out. Poverty is never so hard a master as when it stands in the way of cure.

Chronic Abscess.

This little girl, five years of age, has an enlargement on the inner side of her left knee. There is fluctuation and increase of temperature detected in the part. The affection is of three months' standing. From the looks of the child I should judge this to be a chronic or stumous abscess. The term cold cannot be applied to this abscess, because there is heat present. From effusion of lymph there is hardness around the base of the swelling.

In chronic abscesses, found in different parts of the body, there is generally a pyogenic or pus-secreting membrane, formed from the effused plasma. This membrane is well endowed with blood-vessels, and not only *secretes* pus from the blood, but *absorbs* pus and passes it into the blood.

Now, if we open an abscess of this kind, and a current of air strikes the pus, we have it decomposed, and hectic fever comes on as a sequence. In order to prevent this, as soon as the pus is evacuated I am in the habit of ordering a full anodyne. (Abscess opened). We will therefore order for this child the one-tenth of a grain of morphia.

I do not think this abscess communicates with the joint. An emollient poultice will be applied to the part, either of slippery elm, alone, or combined with flaxseed.

If you notice the discharge as it is passed around the class in the bowl, you will perceive swimming in it flakes or cores. These consist of the natural cellular tissue of the part incrustated with aplastic or spoiled lymph. In conclusion, let me tell you that such an abscess as this can only be found in persons laboring under a strumous, scrofulous or tuberculous diathesis.

Phymosis.

J. R., *æt.* 14 years, has had this condition existing for four years. He does not know what produced it. In these cases it often happens that there are adhesions between the prepuce and glans; but such does not seem to be the case in this instance. When phymosis is complicated with an elongated

foreskin, circumcision becomes necessary. There is no elongation here, and we will merely slit up the foreskin, and then tack the mucous membrane and skin together. [Operation performed.] In a very young child a contracted prepuce not only interferes with cleanliness and the passage of water, but stunts the growth of the organ. Again, such a condition facilitates the formation of calculus concretions, both in the bladder and between the foreskin and glans penis.

COLLEGE OF PHYSICIANS AND SURGEONS.
DISEASES OF WOMEN.

Clinic of Dr. Brown.

Pruritus Vulvæ.

Mary, P., æt. 45; four children. For three years has been complaining of severe itching of the private parts—worse at night.

The pruritus in itself is not a disease, but merely a symptom dependent on either follicular vulvitis or the presence of some irritating discharge, as in leucorrhœa, malignant disease, etc. At this clinic, four years ago, attention was called to diabetes mellitus, as a causative agent for this troublesome affection, and since that time other observations have confirmed it. Two winters ago a patient came here with follicular vulvitis, and, as a final resort, Prof. THOMAS dissected off the mucous membrane and skin. Still the pruritus, though relieved for a time, returned.

Another cause that might be enumerated is pregnancy, and in pregnancy it is very common. In the case before us the cause is leucorrhœa. The treatment will consist of plain or medicated vaginal injections morning and evening, with a pledget of cotton saturated with a solution of nitrate of silver (3ss-℥j), applied to the canal of the cervix. This is the most satisfactory treatment at this clinic, though nearly everything has been used. To the vagina strong tincture of aconite, chloroform, nitrate of silver, creasote, and other anodynes may in turn prove advantageous. But there are many cases that defy treatment.

Prolapse of Uterus.

The patient was presented to the class with marked cystocele and rectocele, also prolapse of the vagina. On pressing down, the uterus came out to a certain extent.

The patient will be operated on at the Strangers' Hospital, by means of Dr. MOTT's instrument. The *modus operandi* of this is to take a portion out of the vagina by an instrument having three blades, one passing between the other two, and invaginating a portion.

Prolapse of Ovary.

Mrs. C., æt. 25. Has complained of weakness,

and pain in the side for the last two years. Has also occasional nausea and dry retching.

Physical examination showed retroversion of the uterus with a small tumor, the size of an almond, to the side of the cervix. On pressure this is painful and gives rise to a sensation of syncope.

This body is a prolapsed ovary, and from the pressure of the uterus on it may be accounted the dry retching, most evident at the menstrual epochs.

The treatment will consist in a pessary to endeavor to restore the position of the parts.

MEDICAL SOCIETIES

NEW YORK COUNTY MEDICAL SOCIETY.

Monday, April 3d, 1871.

Ab cess of the Vermiform Appendix.

Dr. WEBER read a paper on the above disease, giving the literature of the subject and anatomy of the parts *in extenso*.

The most common causes were calculi of phosphate and carbonate of lime, and tubercular infiltration of the tissues.

The calculi resemble, and are usually mistaken, for fruit seeds, on insufficient observation. The symptoms closely resemble those of peritonitis, and may be very acute, or of a more modified form. Vomiting is frequently present; may be stercoraceous; constipation is usual, but diarrhœa may occur. The duration of the disease will vary from a few days to as many weeks.

During the process of suppuration fatal hemorrhages may occur. The abscess, when formed, is of pretty large size and bursts through the abdominal wall, as a rule, but in some cases perforation of the diaphragm has been noted, giving rise to pneumonia.

The patients most afflicted are those of sedentary habits, as well as those who are naturally constipated. It is found most frequently in those from 10 to 35 years.

STATE MEDICAL ASSOCIATION OF MISSISSIPPI.

The State Medical Association of Mississippi, closed its fourth annual session April 7th, in Meridian. The attendance was unusually large in members, overshadowing all conventions of the kind previously held in the State. In point of geography, a very large part of the State has been represented. In looking over the list we find delegates from the counties of Marshall, Tippah, Alcorn, Lowndes, Noxubee, Oktibbeha, Lauderdale, Kemper, Clarke, Hinds, Warren, Madison and others. In point of talent, medical experience and erudition, the Association will compare with that of any association that has been convened in the Southern States. The

scientific and professional inquiries and researches made by the Association have been to the benefit of the medical profession at large, as well as the members in particular.

In their deliberations they have suggested to the State authorities many important and useful measures. Among them is one to reëstablish the vaccine Bureau at Jackson, by means of which fresh and pure vaccine matter can at all times be procured. Another, is not only to provide for the establishment of an institute for the blind, but an infirmary in connection with the same, for the treat-

ment of persons afflicted with diseases of the eye. Another measure proposed is, the compulsory registration by State authority of births, deaths and marriages—a most praiseworthy measure, and one that should early engage the attention of the Legislature. There is no estimating the amount of good such professional, scientific convocations and deliberations develop, and it is sincerely to be hoped that the medical gentlemen in that State will not tire in their good works. The next meeting of the association will be held in Holly Springs, on the first Wednesday in April, 1872.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hair as a Suture and Ligature.

Dr. J. T. DARBY commends the use of hair as a suture and ligature (*Richmond Medical Journal*). He says: For general use I prefer the black hair, as it can be more readily seen than the white, and the strength is the same when the dimensions through the short axes are equal. The strength varies greatly with the size of the hair, and that of the horse is preferable to that of the mare, on account of the urine in the latter at times passing over it, rendering it less clean and strong. On the skin of the negro the white hair shows best; so, if convenient, it is better than black or other shades, and the opposite condition holds for using the black for the white skin. By twisting two, three, four or more, any size requisite for ligature or suture can be made; as a rule, a single coarse black hair is sufficient for approximating the edges of a wound, unless several tissues are involved and gaping results. For the closure of deep wounds under this condition, slight tension will cut through a single hair, as would be the case with a small thread or silver wire; so on the same ground that a larger suture of metal or silk should be used, several twists of hair are indicated. As a ligature, two, three or more should be twisted together; a knot in each end will hold the twist. To pass the twisted hair as a ligature or suture through the eye of a needle, the ends should not be cut evenly but at different lengths, so that applying a little wax, glue, gum, starch or soap, it will present a pointed extremity and readily run. In the ligation of arteries upon the dead body by the class, a twist of from four to five was used for the carotids, subclavian and axillary, the iliacs, femoral and popliteal; from three to four were used for the tibials, brachial, radial and ulnar, and at each point the inner coats were found cut—one end may be cut close, after the usual method, or, better, use torsion upon all

the branches, and apply to the main artery and perhaps to the largest branch, the ligature; loosely twist the end together and tie a slip knot to bind them. The plan of LISTER of cutting both ends short, and producing healing over them by the anti-septic method, I regard as practicable with hair in degrees greater than silk, flax or any material which imbibes fluids, though I confess to no experience with any form of ligature after his method. The manner of tying the knot may be the simple surgeon's knot, which of late I use, finding it amply secure, or a modification readily made by passing the end from the right to the left, and the left to the right; take then the end in the left hand and pass it through three times and draw down the loop; cross the ends back again from left to right, and take the end in the left hand, pass it through twice and draw down the loop; a firm knot is then formed, which can be made still more secure by crossing from right to left, and passing the end in the left hand through and then drawn down once. Care should be taken in tying the knot, for suture or ligature, to see that the hair be not twisted in a fold, as it is likely to break at that point; or that the ends of the nails are not used against the hair in drawing the knot, as it will be cut through. In sutures no tension should exist in approximating the edges, and the strength of a single hair should be ample for this purpose. Greater strength is needed in ligation of arteries, but the great force put forth by some surgeons in tying a ligature is useless; if the ligature is sufficiently strong to produce strangulation in the outer coat, and adhesive inflammation in the inner coat, the effect desired is accomplished without that great application of power expended by some in muscular exertion sufficient to produce actual fatigue. A ligature should be sufficiently strong to give confidence of not breaking when brought down to a knot; nothing more is desired; and horse-hair is strong enough for all purposes when twisted, as described for the variable size of arteries

In the strangulation of polypi in various cavities, or growths involving thick tough tissue, such as an aneurism by anastomosis of the scalp, the inelastic thread of great strength is more suitable and answers an excellent purpose. Before using the hair I wash it in a solution of carbolie acid and water, three or four grains to the ounce, to prevent any noxious influences from the presence of organic or inorganic particles. I have used hair in almost all operations where immediate union is desirable—as in amputations, the removal of tumors, incised wounds of the scalp, penis, scrotum, neck, trunk, eyelids; in mucous membranes of the eye, mouth, anus, rectum and vagina, I have had experience sufficient and ample to testify to its utility. In deep wounds of the rectum and vagina, as in operation for fistula, recto or vesico-vaginal, I do not rank it as high as metallic sutures on account of the difficulty of tying in such narrow cavities. This objection does not hold for the mouth, as two cases of complete cleft palate (hard and soft) will show. In this cavity I have found no difficulty in tying the hair, and prefer it to any other form of suture. When wounds are superficial in the rectum and the vagina, I prefer also the hair; but where difficulty exists in ligation or knotting from depth, the twist, which can be used with metals, is more easily made for approximating the edges of wounds, and a suture of this variety is to be preferred. For general application however, the hair suture can be applied with greater advantage than metal. I have never used it in wounds of the intestine, but shall do so on the first case presenting, as it would be far preferable to metal or threads generally used, as in the one case stiffness would prevent accurate apposition of surfaces, and in the other, absorbent properties might engender complications. In wounds where tissues are lax and delicate, as in the eyelids, the scrotum and penis, there is no question of preference over metallic sutures of any kind, for equally unirritating it leaves no scar; by pliability, it accommodates itself to the folds of the skin, and, by elasticity, is more easily withdrawn. I can testify to its adaptability and fitness in these parts, and cannot better state how unirritating is its action in any case, than by referring to the experiments of Mr. Smith, in contrasting it with silk sutures, and the instance he relates of the application of a ligature upon the femoral artery of a dog, where, for four months, no irritation was produced upon the vessel or in the track of the ligature, for no ulceration occurred, and the tissues were firmly healed around the hair. The flexibility of the hair permits it to be readily passed, and its elasticity causes it to expand readily, and almost to relieve itself from the tissues in which it is applied. There is no fear in consequence of this latter property, in removing hair sutures that the line of union which these firmly

induce without irritation, will be torn or broken as with the metallic.

Upon the eye and its appendages, where sutures are required, as in coaptating the lax folds of the conjunctiva after operations for enlarging the palpebral fissure for removal of intra orbital tumors, in pterygium, tumors of the lids, ectropion and strabismus, it replaces metallic sutures, which are generally inapplicable, and is more advantageous than silk, flax or cotton threads. The stiffness of horse-hair, when cut close, is an objection to its use when the ends are exposed to the surfaces of the lids, but by leaving the ends sufficiently long to be held by adhesive strips to the forehead, cheek and nose, this objection is avoided. Moreover, I have recently overcome this objection by using the hair of the human head and the tail of the ox. My experiments are not sufficient as yet to report the success of these substitutes, except in a general way, but I can, at least, positively assert, that there is not so much irritation as with horse-hair, or threads of flax, silk and cotton. In iridodesis and prolapsus-corneæ after flap extractions, I believe it would be found preferable to the materials used for strangulating the iris and retaining the cornea to the sclerotic; but in these two operations my experience does not bear proof, as it has been only of recent date that I have used the hair of the human head and that of the tail of the ox. The latter I find preferable, as it is sufficiently flexible to accommodate itself to the pressure by closure of the lids without irritation, and can be used singly, whereas, with the hair of the human head, a double suture is made by threading a long hair to its middle and forming it double. With these remarks I give the results of horse-hair, in cases which, I hope, will serve to illustrate its uses. I have selected such cases as will show the application of hair in almost all general operations, and have, as will be seen, made a comparison of the action of metal, gut and hair sutures. The effect of silk, flax and cotton has not been tested with this form of material, as that of metallic, and non-absorbent matter was a better test. The length of time the sutures were allowed to remain was, in most of the cases following, to test the non-irritating quality of the hair.

Dr. Darby illustrates this article with 20 cases.

A Case of Double Conception.

E. CHENERY, M. D., Boston, gives the following case in the *Boston Medical and Surgical Journal*: Mrs. S., American, æt. 40, came under treatment for inflammation and hypertrophy of the uterine cervix, originating in her first confinement, twelve years before. Her general health was much broken and her nervous system greatly impaired. Success followed the use of general and local means, and

she was discharged, cured. About six months subsequently she became pregnant for the second time, and had no unusual symptoms to disturb "the even tenor of her way" till about the fifth month. At this time, without any known cause, she was taken with pains and bleeding, threatening an abortion. Sedatives and rest were enjoined, resulting in relief for a few days. The symptoms returned, and being unable to see the patient, another physician was called. Opium and tannin were given. During the night I received another call, when I found that the pains had returned and the hemorrhage was profuse. She had passed nearly a chamber vessel full of blood and clots, among which I found a fetus, with its transparent membranes entire, and altogether about the size of a common open-face watch. The womb was dilated, and another and much larger fetus was lying with its head entirely escaped from the os, pushing its unbroken vestments before it. Supposing, of course, that miscarriage of this also must take place, I caught the head between my finger and the wall to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach. I had never seen a case where the fetus survived such a copious flooding; and to save further trouble I gave a dose of ergot to finish the delivery. To my great surprise the womb contracted, the hemorrhage ceased, and the patient recovered. Thus ended this early and bloody battle between this modern Cain and Abel. The older having gained the victory and expelled the younger from the territory, returned to the undisputed enjoyment of his pre-possessions.

Here then were the products of a double conception. One of them bore the marks of about eight weeks and the other twenty. One of them was expelled with all the appearances of life and freshness up to the time; while the other was retained and apparently unharmed, notwithstanding the excessive hemorrhage and the extensive separation of its membranes from the womb. With this last the mother was confined at term.

Treatment of Constipation.

In the *Transactions of the Wisconsin State Medical Society*, 1870, Dr. JOHNSON says:

I know of no treatment better calculated to remove constipation of the bowels—the result of a depraved condition of the system, than nutritious and easily digested food in compact form, not sloppy or bulky; Graham, or bread made from unbolted flour being one of the principle articles of diet. I speak from an experience of over thirty years in the use of this bread, having used it myself for that length of time, and prescribed it constantly to all my patients who are troubled with torpid bowels. Out of several cases of its curative power, which I

might mention, I will state that I was called to visit an old lady of 70 years of age, about four years ago; she had moved here from Ohio, and had an attack of intermittent fever, which she had contracted many years before. She was extremely feeble with great nervous prostration; her greatest trouble was constipated bowels. She had to keep pills always in the house, and two or three times a week take a dose, otherwise she would have no evacuation from her bowels. I prescribed for her intermittent fever, and recommended her, if able to leave her bed again, to use Graham bread for a time, as her almost exclusive diet. I instructed her how to use and make it. I paid her but one visit and heard no more of her. Two years afterward, a hale old lady walked into my office and announced herself as the person I had visited with intermittent fever. She stated she had used the bread, made it the principal part of her food, and had not taken one pill since she commenced its use. Within four blocks of this hall resides another of my female patients, who is a stout, healthy looking woman, of middle age, but who had to keep her box of patent pills constantly in use. I persuaded her to try the Graham bread, and although three years have elapsed since she commenced its use as an article of food, she has had no further need of cathartic pills. Another old lady, over 60 years of age, whom I was called to see within the last 12 months, with obstruction of the bowels, large masses of hardened feces being accumulated in the colon. She was in the habit of taking large quantities of epsom salts, 2 and 3 ounces at a time, to procure a passage. She had, previous to my seeing her, taken 15 pills, epsom salts and castor oil—but no passage. I tried a variety of remedies for three or four days, but no passage. I at length succeeded, by passing a rectum tube above the sigmoid flexure of the colon, inserting into it the nozzle of a self-injecting syringe, and pumping in several pints of tepid water, and subsequently in the same way pumping in over one pint of olive oil. When she recovered and was able to eat food, she used, as her principal article of diet, Graham bread, and to-day she enjoys better health than she has had for many years.

It is with difficulty you can at times persuade people to use this bread. They say it is not palatable. There is an art in making it, and it requires some judgment in its use.

In those bloodless conditions of the system, where torpor of the bowels is always a constant attendant, the muriated tincture of iron, combined with the tincture or fluid extract of belladonna, or tincture of fluid extract of nux vomica, or digitalis, with occasional small doses of quinine, is certain, with the Graham bread, to so improve the general health that constipation of the bowels will sooner or later

give way. There are of course many minor things necessary to be done, such as accustoming the system to respond to those calls of nature at stated times.

On Local Acupressure.

Dr. F. SKYMOUR, writes to the *Cincinnati Lancet*: The true surgical procedure to ligate both ends of a divided artery at the place of the wound, is, of course, simply and certainly correct; and I know of no procedure more to be inculcated in any wound of arteries where cessation of hemorrhage is necessary to prevent fatality. To ligate the wounded vessel at a distance from the wound, or the main arterial trunk of the limb, is, in many cases, but to trust to chance; the subsequent hemorrhage from the distal end of the artery, when the collateral circulation is established, is one of which chances, time, and solidification are the main ones. Now, in regard to compression by means of compresses in any shape or other, or to modified compression along the course of the main trunk of the artery of the limb, diminishing the force of the blood-wave graduation, the position of the limb and the lowering of the temperature are well enough, so far as they go, and while we can not do better; but generally they are unsatisfactory, and after an amount of trouble, care, and anxiety, we often find them fail us. It is not necessary to refer in this article to cases in which artery after artery has been cut down upon and tied, and failure of success after all, with the necessity of amputation staring us in the face. Every surgeon, of any thorough knowledge of his profession, has known of some and read of many such cases, so, as I said before, I shall not refer to them, but suggest a simple means, not new at all, but disused, by which many troublesome cases can be treated with ease, certainty, and success.

In order to elucidate, I will give a case that happened some few weeks since in this city: M. C., formerly a soldier in the United States army, having been out on a spree with a friend, had become intoxicated, and upon arriving home, had a misunderstanding with his wife, and in the quarrel which ensued, had plunged his right arm through several panes of window glass, cutting and lacerating his arm terribly, and dividing the radial and ulnar arteries some inch and half above the wrist. The hemorrhage was excessive. His struggles, as he tried to tear himself away from those who held him, to do him service, increased the bleeding, until the man was almost exsanguined. Upon my arrival, the loss of blood had reduced the strength of his ferocious struggles, but only to give place to a constant shifting about of his body, from position to position, and the throwing of his wounded arm about constantly. Having no medical assistance,

no time to wait to obtain it, it was impossible, by a miserable, smoking, dim, coal-oil lamp, without a chimney, to see or to seize the divided ends of the arteries, which were feebly but slowly throwing out, per saltem, the ruby fluid. He could not afford to lose any more blood, and to fiddle away with the forceps and sponge, to find the ends of the vessels, with the man jerking his arm about, was a matter of impossibility. Compresses would have been of no use, for they would have been torn off immediately; there was but one thing to do, and that was done quickly. A curved needle was passed under each divided end of the arteries, about one-fourth of an inch from the edge of the wounds, and the skin tied in. Hemorrhage, of course, ceased, and the patient was put under proper medical treatment, and left for the night. The next day at twelve M. sixteen hours after, the ligatures (if you please to call them so) were withdrawn, and no further trouble followed.

I insist, that in many instances of divided or wounded arteries, a small, curved needle, armed with common saddler's silk, passed through the sound skin, near to the point of injury, carried under the artery, and brought out close to where it was introduced in the skin (say about a quarter to half an inch distant), and the ends then firmly tied over a piece of cork, or anything else, or only tying the skin in, as I always do, in many cases, *I will say, in all cases*, is far better, and safer, than to grope and dissect for the ends of the artery to tie them, perchance only to have the ligatures slipping off, and be called to undress the wound, and grope about again, giving pain, losing blood and time, and at the end doing no more benefit than by quietly passing a silk threaded needle under the vessel, close to the edge of the wound, and tying it. Again, if after the surgeon has tied his ligature, or acupressure thread, as I have stated, if he desires to tie the ends of the arteries in the wound, he can then do it far, far easier and better. There is no blood flowing into the wound (as would be if the tourniquet was applied from the superficial vessels); he can take his time and do his work well, and after he has tied the ends in his wound, he can (if he pleases) snip the acupressure ligature and draw them out. Neither can there be an objection raised, if we say the nerves are sometimes tied in. Suppose they are; what harm will that do for a short time? Does not the tourniquet produce pressure on the the main nerves also, and on all the superficial nerves of the limb? This can be no objection.

Dangers from Insane Persons at Large.

The *New York Tribune* says: "It seems to us high time that the officers of the law interposed with a show at least of vigor to restrain of their liberty persons manifestly insane. Terwilliger, who choked

his old mother to death last week at Brunswick, Ulster county, afterward setting the house on fire, had been, it is stated, "insane for some time." To allow persons thus afflicted to remain at large shows a great lack of civilization, humanity, and intelligence in any community; yet this case at Brunswick is only one of many like it which have come under our observation. Members of a family should be required by statute, with a sufficient penalty for neglecting the duty, to give notice to the authorities of every case of aberration within a household."

Cases, such as above recorded, are occurring throughout the country at the rate of more than one a week, some of them excelling in horrible detail and loss of life the one in question.

A certain class of magazine and newspaper writers, who are ready to sacrifice anything for the purpose of creating a sensation, have, of late, said so much on the subject of the confinement of the insane, and have been the means of having such absurd laws passed, that families have been deterred from having their insane members placed where they ought properly to be, under the most favorable circumstances for recovery—in a Hospital for the Insane—and physicians have been backward about giving certificates of insanity.

The Contagion of Scarlet Fever.

Dr. EDWARD SNOW, of Providence, whose opinions are always worthy of careful consideration, says in his last monthly report as City Registrar:

There were only four deaths in March from scarlet fever, and, as we prophesied in these reports in the autumn of last year, there has been no epidemic of the disease during the winter, and there is no danger of any at present. At the same time, there has been a large number of cases of the disease in the city during the winter, generally very mild, and with not the slightest indications of an epidemic character. Not being epidemic, there have been no indications whatever of apparent contagion. When a disease like scarlatine is epidemic, the cause of the disease, whatever it may be, is, of course, generally spread through the community, and as many are sick, and often several in the same family, the idea of contagion arises in the popular mind, and is used by the people as a sufficient reason to account for every case of the disease.

But when, as during the past winter, in Providence, there is no epidemic character to the disease, we see cases here and there throughout the community, generally single and generally mild, though now and then malignant; but with not the slightest tendency to spread. The most active imagination would find it difficult to discover any evidence of contagion in the scarlatina in Providence during the past winter. On the contrary, if it were possi-

ble to prove a negative, all the evidence has tended to prove that scarlatina is not contagious.

Contagion is a convenient word for ignorant people to use to account for what they know nothing about. It is also a convenient bugbear to uphold quarantine and other measures that cannot be justified by any good reason, or by common sense; but after twenty years of observation with special reference to scarlatina, I must again and forever protest against the use of the word contagion in connection with it. Its only effect is to cause people to trouble and worry themselves about what they cannot even make a reasonable attempt to avoid, and to lead them to take measures to prevent the disease which experience has shown, again and again, to be utterly useless.

The Sulphites and Hyposulphites of Soda or Magnesia.

Dr. RONZANI (*Annali di Medicina*, November 1870,) gave these salts, proposed by Polli, as the most trustworthy antiseptics, a fair trial in malarious intermittents, and found them to answer remarkably well. He administered the sulphite of magnesia, in doses varying from 30 to 60 grains, three or four times a day. Out of one hundred and twenty patients suffering from marsh fever, two-thirds were free from attacks in a very short time; the remaining third had quinia and other drugs besides the sulphite. Of course, Polli and the numerous other Italian physicians who give the sulphites, believe in the fermentative nature of the poison of malaria. Dr. Ronzani, in his article, makes judicious remarks as to the action of the toxic agent. He used hyposulphite of lime especially to treat the ague-cake, giving ninety grains a day at the beginning, and increasing the dose by fifteen grains every second day for a fortnight. In obstinate cases, blisters over the enlarged spleen, and quinia, iron, and rhubarb internally. The author dwells especially on the low price of the sulphites. We do not suffer so much in this country from marsh fever; but we have to contend against many diseases, the origin of which is poisoned blood. It would be of advantage to give these sulphites and hyposulphites a fair trial, taking care that the salts are pure and have not run into sulphates.

Cotton Respirators.

Dr. JOUGLET, of Paris, taking the hint thrown out by Professor TYNDALL, has been experimenting on the use of cotton respirators, and states that, by their application, the disease known as miner's anemia, and also the dangers of the effects of lead, copper and mercury to those who have to handle these metals, or work in vapors or dust thereof, may be prevented.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 29, 1871.

A. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SCIENTIFIC THERAPEUTICS.

We have on several occasions called attention editorially to the divergence of opinion concerning this important branch of our art, and the general confusion of sentiment which prevails in regard to it.

Recently, Dr. WILKS has contributed several articles to the London *Lancet* under the title we have given above, which, though open to criticism in some respects, contain much admirable good sense in others. Dr. Wilks is not very friendly to a pathological and chemical therapeutics. Every one reading his papers must feel that there is a vein of sound sense running through them. It will be admitted on all hands that he does full justice to the importance of experience as a guide in the use of medicines. No amount of physiological or chemical knowledge in a practitioner will save him from great blunders in practice if he be unfamiliar with common forms of disease and the common remedies by which they are relieved or cured. Some may think, on examining his articles, that he does but scant justice to modern therapeutics. Referring to pneumonia, for example, he declares the unreasonableness of treating cases of it on their own merits; and says that the attempt to do this has been the cause of all the bad therapeutics of the present day. He declares this mode of treatment to be impossible. His critics, however, say so far is it from being impossible, that it has been done, and done with unprecedented success. The modern treatment of pneumonia, which is founded on a consideration of both the local lesion and the vital condition of the patient, they claim to be

an immense therapeutical advance, though they admit that in some hands the disrespect for some points of the old treatment, and the love of most unphysiological stimulation, have been absurd and injurious. The discrimination of cases and of the vital condition and diathesis of patients with the same local disease, has given a decidedly scientific character as well as a very high success to modern therapeutics. Dr. Wilks complains of the too prevalent discarding of drugs, and praises those as the best which have come down to us from barbarous times and nations. There is much foundation for the complaint; for there is a certain scepticism that is fashionable among the more thoughtless of young scientific men just now, which applies to drugs as to other things, and especially to the combination of drugs.

The bugbear of "polypharmacy" has frightened many a young man away from valuable compounds, which in the hands of his predecessors have rendered valuable service against disease. The homœopathic figment of "the single remedy" has taken too much hold on other minds, and in aiming at simplicity they have missed potency.

CHOLERA AT ST. PETERSBURG.

We see that we are threatened again with the scourge which has several times desolated our country. The correspondent of the *London Standard* writes as follows:

"Cholera has appeared at St. Petersburg in a very virulent form, and its ravages are not confined to the lower orders. Among many victims in the higher classes of society is Prince George of Oldenburg, a young man twenty-three years of age, nearly related to the Imperial family. But the cases have been more fatal than numerous. The Prince of Oldenburg died seventeen hours after he was attacked, and other cases have terminated fatally in a much shorter space of time. The official bulletin of March 21st is as follows:

	Male.	Female.	Total
Cases on the 20th of March.....	135	96	231
New cases	60	38	98
Cures.....	1	3	4
Deaths.....	19	23	42
Cases remaining on the 21st.....	175	108	283

"These returns are below the actual numbers, as they only show the cases in the hospitals but their publication has contributed somewhat to allay the terror which was becoming general in the town in consequence of the exaggerated reports that had been spread. All necessary measures of precaution have been adopted by the Government, and the regulations of the Sanitary Commission have been

published. The nature of the food used during Lent is pointed out as being a very probable cause of the increase of the disease."

We hope the authorities in this country will take timely steps to stay the pest.

Notes and Comments.

Hydrate of Chloral as a Cause of Urticaria.

In June of last year, says Dr. FISHER in the *British Medical Journal*, I had occasion to give a patient (a stout middle-aged woman) a hypnotic. I ordered the following draught, viz.: hydrate of chloral, 25 grains; simple syrup, a sufficiency water, 1½ ounce. After taking it, the patient became the subject of extensive urticaria. I inquired very particularly whether she had partaken of any of the articles of diet sometimes producing the eruption, as oatmeal, shell-fish, etc., and was assured that she had not. I of course discontinued the chloral hydrate, at the same time unwilling to give it credit of producing the rash. Twenty-six days afterward, I gave her a dose of ten grains, and in a short time the before-mentioned effects were again produced.

Disease and Drunkenness.

According to the English reports, the Liverpool death-rate is 40 per 1000, against 26 in London and Manchester. For reasons already stated, the accuracy of the basis of calculation of the population

Liverpool is impugned, but the mortality of the town is unquestionably fearful; more than every third death was due to some contagious disease. Some notion of the social habits of one section of the population may be formed from the recorded fact, that one day at the police-court ninety inebriates had to answer for their misconduct. One woman, aged 33, had been convicted of drunkenness sixty-seven times, and a girl 17 was fined for a seventh offense.

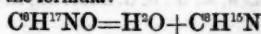
The Dangers of Chloral.

We notice that in two cases lately, inquests held in London on surgeons who died somewhat suddenly, have resulted in verdicts of "death from an overdose of chloral," the sufferers being at the time debilitated and in a great state of pain. It is impossible to suggest a more impressive warning of the dangers which attach to a free use of this potent hypnotic. It is a blessing easily perverted, and is as powerful for harm as for good.

First Synthesis of a Vegetable Alkaloid.

H. SCHIFF announces to the Berlin Chemical Society that he has succeeded in the synthetical manu-

facture of coniine, the well known alkaloid present in the *Conium maculatum*. The author obtained the alkaloid alluded to by the distillation of dibutyraldine, from which the alkaloid is generated, according to the formula:



Dibutyraldine.

Coniine.

The artificially obtained coniine, like that produced by the plant, is a virulent poison.

Malingering.

We get the following from the *Medical Press*: "A soldier, a patient at Herbert Hospital, Shooter's Hill, a few days ago wrote the following advice to a comrade: 'Previous to going to the hospital rub your tongue with chalk, ready for the word, 'Put out your tongue;' then, when the doctor is going to feel your pulse, be sure to knock your elbow against the wall, and it will beat to any number in a minute; then, if you wish to persevere to be invalided, be on the look out for a friend to bring you a bit of raw bullock's liver every morning, in order to split blood for the doctor; of course, have a little bit of the liver in your mouth, under your tongue, fresh, ready for him when he comes round the hospital ward, and have a good piece ready to spit out for him when he approaches your cot; then give a great sigh and and a groan, and you are sure to be ordered lamb chops, chicken, rice pudding, port wine, Guinness's stout, in fact, you may live on the fat of the land for the remainder of your soldiering, which will not be long; but, depend upon it, you are sure of a pension, even under ten year's service.' We hope there are not many in hospital quite so clever as this old soldier."

Correspondence.

DOMESTIC.

Surgical Patents.

EDS. MED. AND SURG. REPORTER:

GENTLEMEN: As the National Medical Convention is soon to meet at San Francisco, I propose to occupy a portion of your columns in reference to a subject upon which I think they should not fail to act without delay.

The inferential object of the convention being nominally for the benefit of the profession, conjoined with that of humanity, it seems important that their acts should demonstrate the sincerity of the object inferred. There is no doubt that our duty requires the exaltation of our professional standard, in dignity, wisdom and honor, and that the laws by which

we are to be governed should be based upon the principle of liberality, justice and equality, without regard to precedents, unless coinciding with equitable conclusions; their margins should be sufficiently broad to warrant free access to all the faculties and functions of progress and reform.

The subject to which I have referred demands a sober, critical and unbiased examination, and is that which perpetrates extreme injustice upon a portion of the genius of our profession, and retards the progress of scientific investigation; it being upon the impropriety of a portion of our code, the biased may feel indignant that I should dare criticize that which has borne the criticism of one or more generations, by which they deem it has been perfected. To such I will merely say: "Be wise and sin not," lest righteousness condemn you. It is folly to claim perfection for the codes of any organization or profession, for there is none perfect; if otherwise, the stimulus to action would be annihilated, thereby subvert progression; thus I may be justified in stating that our code had its wise and absurd enactments as well as its scrupulous and unscrupulous actors. In large organizations we are sure to find some who, from their ignorance on important points, are stubbornly antagonistic to progression and reform; scrupulously following the rules of their ancestors and predecessors. There is another class who never dare speak against corruption or improprieties in their own organization, unless in accordance with the views of the empirical politicians of such organization, for fear of proscription from this frequently inferior talent, whose axes are to be ground, if not a little whitewashing to be done. However, we should not expect a representation of either of these classes in such a scientific body as a national medical convention, although there are terrible corruptions existing under the cloak of the profession, without codical condemnation. An absurdity has been introduced in our code as follows: "It is equally derogatory to professional character for a physician to hold a patent for any surgical instrument or medicine," thus placing the same derogation on both. I need not state that honest discriminating minds never suggested such an inconsistency; but I will say that the authors of the code did not seem to realize that our truly great men were original thinkers, therefore, benefactors of the world. It may appear superfluous to many that I should explain an absurdity so perceptible; but when they consider that it has crept into the code and became one of its apparent fixed attributes, they will grant the propriety of attempting to arouse the brotherhood from that state of quiescent codical perfection which has so long fostered this illiberal and degenerate offspring of so noble a profession, and thereby understand that minorities have rights which we are in duty bound to respect.

Now I will contrast patent medicines with patent instruments, and see if there be such striking analogies. In regard to patent medicines, we are requested to adopt their use without the least knowledge of their composition; to which the intelligent and conscientious physician can never yield, for the reason that life may thereby be jeopardized or destroyed, since under certain circumstances *nostrums* may prove beneficial, and under different circumstances destructive to life. Again, any of its ingredients might in some cases be beneficial when used alone or in other combinations, while a *nostrum* as compounded might be dangerous or destructive to life. Further, the *nostrum* might prove advantageous in a simple disease, but dangerous when complicated. Hence the absolute necessity of preparing medicines adapted to each particular case—which makes it obligatory to denounce the use of *nostrums*. How different with the patent instrument; for here we are not requested to adopt its use without first having a thorough explanation of all its constituents and characteristics, the principle upon which it acts and the minutiae of its action, the important object of the patentee being to have every particular perfectly understood by the profession, whereby they may arrive at a proper conclusion in regard to the merits of the instrument, this being of the utmost importance to all concerned. Thus we see it has no relative point of comparison with patent medicines. How any one with the least discrimination could have discovered the assumed relation I cannot perceive.

In the organization of the United States government, the main object was to promote the general welfare of humanity, to perfect which the most essential point was the advancement of science and the useful arts. From this consideration, the authors of the Constitution foresaw the necessity of inserting in the *first* article of that instrument a provision giving Congress the power to secure for a limited time to *authors* and *inventors* the exclusive right to their respective writings and discoveries. Congress, perceiving the justice of this wise provision, and the advantage to accrue therefrom, happily complied by passing a corresponding act, whereby *authors* and *inventors* are to a certain extent secured from loss of time, money, and brain functions expended to perfect the practicability of their writings and discoveries, by which science is continually progressing.

At this point, it will be proper to take into consideration the injustice of our code, in proscribing the surgical instrument patentee, and not the medical book patentee; for, as has just been stated, they are both governed by the same law, protected by the same provision, and virtually in the same manner; how in the name of justice can a rational being discriminate between them; such shameful, cruel

partiality cannot possibly be viewed with the least allowance by the noble and intelligent portion of the profession. A few moments reflection must convince any ordinary, and much more a superior mind, that from the principle of equity alone, such a detestable derogation should not for a moment rest upon a brother; and I cannot imagine what act by the convention, can demand precedent to that of eradicating this reproachful stain from the code. Now, for a few moments, we will consider how a physician, who may be an inventive genius, can exist, providing he complies with this impropriety of the code; for, by giving his time, money, and inventive products to the profession, retaining of this natural reward of industry only one equal portion with them all, his power of self and family protection is thus destroyed; for, after expending all his pecuniary means for perfecting beneficent results, he has no means for manufacturing the thing invented, while, had he patented protection, it would become a capital with which he could manufacture, instead of some speculating brother of the profession, who had never spent a farthing or a moment's time for the grand discovery. Every good invention has its cash value; and, upon the principle of equity, and according to the United States Constitution, is as much the property of the producer, as any other products in the United States. Without patented protection, neither the manufacturer, or physician would give him a farthing for his valuable discovery, not even thanks. Although he may be overflowing with inventions, by which physicians and speculating capitalists are securing fortunes, and humanity, to an unbounded extent partaking of the advantages of his deep researches, he is precluded from applying the products of his own industry for his own sustenance, thus being compelled to wholly depend upon the tender mercies of selfish humanity; and although rich in talent, would necessarily become a beggar in the street.

I have conversed with many of our most intelligent physicians and surgeons in different parts of the United States on this subject, who concur with my views; so also does some, if not all but one, of the medical journals that have recently given their views on this subject. We are informed that eminent English medical men have changed their views and now advocate the propriety of physicians becoming patentees of surgical instruments. We are also informed that Dr. CHAPMAN considered a copy or patent right superior to that of bequest or transfer of real estate, and that the *London Medical Press and Circular* coincides with these views. Why this point of discrimination has been so long unquestioned is doubtless from our medical knowledge having been so largely derived from patented books.

It certainly should not be considered a crime in

our profession to originate practical improvements, by which a brother attempts to sustain himself and family, for which derogative punishment should be inflicted.

"The laborer is worthy of his hire," but no more so than of his products.

In conclusion, I have only to say, may brotherly love predominate in the convention, and justice and equality be the products of their deliberations.

D. L. D. SHELDON, M. D.

Perseverance in Practice.

EDS. MED. AND SURG. REPORTER:

I would beg leave to say a few words in regard to the *importance and necessity*, in order to *success* in practice, that men should be more stable and persevering in the medical treatment of disease. Although a young practitioner, I have seen a great deal too much vacillation and consequent failure on account of changing medicines before giving them a fair trial. We are being led astray by *new remedies*, administering them in every direction, to all cases, thereby destroying confidence in their usefulness and bringing the profession into bad repute.

I have been surprised, upon going into houses where other physicians have been practicing, and seeing the great amount and variety of medicines to which their patients have been subjected, the treatment of simple, well understood cases having been changed as often as twice and thrice a day, when a *simple placebo* given steadily would soon effect a cure, by giving nature a *half* chance to reassert herself.

There can be no success without judgment, steadiness and *perseverance*, and I submit if we are not running wild in the treatment of disease.

I would also like to say a word to the profession in general, and of Indiana in particular, in regard to *too much heroism* in medication. In reading the *Indiana State Journal*, I find this report of a case of tertiary syphilis and the *treatment*, which I wish to review. Here it is:

"Man, æt. 36; powerful muscular development; appears in *good health*, except for syphilitic symptoms. Says twelve years ago had venereal sores, followed in a few months by sore throat and an eruption on the skin. Was not much troubled with the disease, he thinks. Now he has night pains in the head and tibia, tenderness on pressure. Has a bloody and offensive discharge from the nose, etc."

Now, is this neuralgia and inflammation of the frontal sinuses anything so *violent and unusual* as to justify the *following dangerous* doses of iodide potash?

R. Iod. potassium, ℞j.
Water, 3ss.

Gives this amount *three times a day*. Enough to burn the bronchial mucous membrane to a *blister*.

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"Next day finds the bronchial trouble greatly increased!" Of course. Ought we to ever give more than 15 grains of potassium in one day?

Patient died from congestion of the lungs, previous to which he "coughed a tough, tenacious, bronchial mucus." When post-mortem was made, found "air tubes filled with mucus!"

Might not the potassium in quantities of 60 grs. per diem have produced bronchial pneumonia and congestion?

D. S. FIELD,

Jeffersonville, Ind., April 12, 1871.

NEWS AND MISCELLANY.

Stark County, Ohio, Medical Society.

On March 30, 1871, the society met at Canton, in the rooms of the Y. M. C. A. The president occupying the chair.

Under the head of miscellaneous business, P. Reese and B. J. Douds were admitted to membership.

The following resolutions passed—by J. M. Whiting:

Resolved, That in the recent action of the U. S. Commissioner of Pensions, in the discharge from the position of "Examining Surgeon," all Homoeopath and other irregular practitioners, this society recognizes the firm exercise of a discriminating power, such as the service requires. That uniformity in the subordinates of the Pension Bureau as to rules for carrying out its orders is requisite, and to accomplish this, they should be similarly qualified. Therefore we regard the decision of the Commission in accordance with the dictates of sound common sense, and all precedents in the service.

By J. Daugherty:

Resolved, That this society hold its meeting on the first Thursday of each month hereafter, instead of quarterly, as heretofore.

By A. W. Ridenour:

Resolved, That if any member of this society, after being duly appointed by the Chair to deliver an address or read an essay at any subsequent meeting, fail to comply, shall, unless a reasonable excuse be offered, be debarred from all participation in the proceedings of this society for one year.

The Chair appointed the following gentlemen delegates to the American Medical Association, L. M. Whiting and A. Metz. To the State Medical Society: L. M. Whiting and R. P. Johnson; as alternates to same: W. O. Baker and A. W. Ridenour.

On motion of J. E. Daugherty, the society adjourned to meet at Massillon, on the first Thursday in May, 1871.

A. W. WHITING, Pres't,

A. W. RIDENOUR, Sect'ry., Massillon. Canton.

Physicians' Incomes.

A NEW YORK letter to the *Springfield Republican* gives the following as an account of the incomes of medical men: "A physician in good

practice will receive patients at his office four hours daily, and make calls for about the same length of time. From ten to twenty callers, and half as many house patients, would be a fair average; the fees would be two and five dollars each. At these figures it would not be hard to make up an income, of \$20,000 or more. It is stated of Dr. WILLIAM PARKER, I believe, that, having been called out of town to attend a patient, he returned a bill of \$300, and when it was disputed he showed by his books that his daily receipts were much over that sum. Surgeons' single charges are larger than those of physicians, though the incomes of the latter are probably the highest. For ordinary attendance their rates are about the same, or say five dollars a visit. From twenty-five dollars upward is the charge for operations. For setting an arm or leg \$250 would be asked; larger undertakings being in proportion. For a case requiring delicate operation and six weeks' constant attendance, sometimes two or three times a day, \$1000 was lately asked by a leading surgeon. In another instance, where a wealthy gentleman was jammed by a railroad car, he was attended by Dr. W——, who made about a dozen visits, without any important operation, and sent in a bill for \$2,500, which was paid. This is exceeded by Dr. C——, who charged \$2,000 for an operation alone, while another surgeon is said to have received \$4,500 from one patient. The prices charged by dentists are quite as high as those of physicians. A man of ordinary reputation in the profession will ask from \$5 to \$30 for pulling a single tooth, while Mr. A——, one of the most fashionable dentists, is reported to charge \$10 for simply examining a person's teeth, and \$25 an hour for operating on them, and has brought in a bill of \$200 for filling a single tooth. Many people refuse to pay these fancy prices, but it is a common thing to have to pay anywhere from \$10 to \$100 for dentist's bills. Most practitioners of any reputation have engagements very far ahead. Ten days is a short time to wait for your turn, while a friend of mine, who went to Europe in the middle of last October, on applying to her dentist for treatment, was told that he could not give her a single hour's heed until February, or nearly four months in advance. Dentists are kept busy all the year round, and seldom have any leisure. Their practice is confining, and not healthy, but it is very profitable. Their incomes range from \$5,000 to \$50,000 a year, while they have no expenses for carriage hire, books, or travel, and not a very heavy outlay for materials and keeping up their offices."

Dr. Liebreich.

DR. LIEBREICH, lately resident in Paris, but driven thence by the tide of war, went to London a few

months ago. Dr. Liebreich has been acknowledged the leading authority on ophthalmic surgery (since the death of Von Graefe) in Europe. It is therefore quite as much an honor to the institution and to themselves as to him, that the medical staff of St. Thomas's have offered him the appointment of Ophthalmic Surgeon and Lecturer at the Hospital. This offer, says the *British Medical Journal*, has been accepted, and we hope it is a sign that our medical institutions—the noblest in the world—will, in future, become more cosmopolitan themselves, and more attractive to the great men of the profession in other countries. The *Lancet* alone has, with singularly bad taste, protested against this appointment. Other scientific men, even if they have imbibed the popular prejudice against the Germans, would never dream of allowing it to influence them on a matter like this.

New Method of Discovering Nitrate in Water

M. BLUNT proposes a new and accurate method for discovering the presence of nitrates in water; he claims that his method is far more sensible than the usual sulphate of protoxide of iron test. He proceeds as follows: Having first expelled all the ammonia by evaporation, in presence of potassa, and treated the result by distilled water, the liquid is put in contact with sodium amalgam for 12 hours, in a perfectly tight vial. The nascent hydrogen resulting from the decomposition of the water by the amalgam transforms the nitric acid into ammonia, and the presence of this ammonia, thus formed, can be detected by Nessler's test.

—Doctors SYKES, SWINBURNE and JOHNSTON, of the American Ambulance, have been decorated with the Cross of the Legion of Honor. By whom?

—EMILE HEPP, of Strasbourg, who was one of the most distinguished physicians and chemists in Europe, is dead.

—Mrs. Virginia D. Atwood, in New York, has presented to Dr. L. A. SAYRE 41 chromos and lithographs, value \$300, to be used in decorating certain wards at Bellevue Hospital.

—Over thirty physicians of Providence, R. I. have presented a petition to the city government for the passage of an ordinance prohibiting the interment of the dead in the city burial-grounds, or their deposition in tombs located in the city.

—Dr. DANIEL A. WENDELL died on April 3d, at the residence of his father, Daniel H. Wendell, Esq., in Dover, N. H. He graduated at Bowdoin Medical College, was a surgeon in the army during the war, and practiced medicine in Taunton, Mass., previous to his sickness. He was a talented and respected young man, and aged about 30 years.

—Dr. KARL HEINRICH SCHULTZ-SCHULTZENSTEIN, of Berlin, one of the most eminent botanists of Germany, died on the 23d ult. Although in his 73d year, he was remarkably active, and was a lecturer on physiology as well as on botany in the University of Berlin, with which he had been connected since 1822.

—Dr. JOSEPH TRUESDALE, of Poland, Mahoning county, Ohio, an old and eminent physician, died suddenly on March 29th, while sitting in his chair. He had complained, a moment before, of feeling unwell. Doctor Truesdale formerly represented that county in the Legislature, was Mayor of Poland, and was a valuable citizen. He was aged sixty-seven years.

Dr. WALDAN, the assistant of the late Dr. Von GRAEFE, the celebrated German oculist, has just performed an operation which attracts great attention in scientific circles. Prince Albrecht, the brother of the Emperor, had returned from the war with a painful eye disease, which was recognized by Dr. Waldan as a case of glaucoma. The possibility of thoroughly curing this disease was for the first time demonstrated only a few years ago, with the aid of Dr. Waldan, and in the present case the success of the operation was complete.

MARRIED.

HELM—POTTS—At St. Mark's Church, Philadelphia, April 12, 1871, by Rev. James I. Helm, Wm. H. Helm, M. D., of Sing Sing, New York, and Miss Annie L. Potts, daughter of the late Judge Stacy G. Potts, of Trenton, New Jersey.

CRUMMER—DONKERSELEY—In Rockford, Ill., Feb. 8, by Rev. E. Donkerseley, assisted by Rev. H. L. Martin and Prof. A. G. Mattison, Dr. B. F. Crummer, of Elizabeth, Ill., and Miss Mary L. Donkerseley, of Rockford, Ill., daughter of the officiating clergyman.

CUNNINGHAM—VAN VOORHIS—By Rev. L. Y. Graham—March 30th, Mr. J. C. Cunningham and Miss M. Lizzie, only daughter of Dr. J. S. Van Voorhis, of Belle Vernon, Pa.

BLISS—KOPFER—At the Church of the Heavenly Rest, New York, April 19, by the Rev. George B. Draper, D. D., of St. Andrew's Church, Harlem, Charles Bliss, M. D., and Miss Harriet M. Kopfer, both of New York.

MCCOY—ADAMS—By Rev. Samuel Wilson, D. D., March 7th, Mr. Charles McCoy, of Van Wert, Ohio, and Miss Chelissa V., daughter of Dr. J. Q. Adams, of El Paso, Illinois.

MYERS—STILLMAN—At Plainfield, N. J., April 8, by Rev. Dr. Burlington, of St. Louis, J. Kirtland Myers and Mary A., daughter of Charles H. Stillman, M. D., of Plainfield.

MACK—HASFORD—February 12th, 1871, at the residence of the bride's father, by Rev. Mr. Joslyn, J. M. Mack, M. D., and Miss Emma Hasford, all of East Portland, Oregon.

DIED.

PALMER—In Dalton, Wayne county, April 8th, 1871, of malignant scarlet fever, Priscilla P., eldest daughter of Dr. J. M. and Mary E. Palmer, aged 9 years, 1 month and 15 days.

A. KINROSS—In this city, April 15, Mrs. Jennie B. Atkinson, wife of Dr. William B. Atkinson, and daughter of Dr. William F. Patterson.

MARR—March 27th, in Tamaqua, Pa., of pneumonia, Dr. William Patterson Marr, in the fifty-second year of his age.

WARD—In this city, April 14th, Eliab Ward, M. D., aged 46 years.

Dr. Ward had, for many years, been a member of the Board of Health, of this city, and was President of the Board at the time of his death.